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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 249207US2S CONT	2387 10/782976 U.S. PTO
First Inventor or Application Identifier Yoichi OGASAWARA		Title ULTRASONIC DIAGNOSTIC APPARATUS	
Application Elements See MPEP chapter 600 concerning utility patent application contents		Address TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313	
1. Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		ACCOMPANYING APPLICATION PARTS	
2. <input checked="" type="checkbox"/> Specification Total Sheets 59		7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
3. <input checked="" type="checkbox"/> Formal Drawing(s) Total Sheets 13		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 2		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		10. <input type="checkbox"/> English Translation Document (if applicable)	
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)		11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (5)	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).		12. <input checked="" type="checkbox"/> Request for Priority	
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard	
ii. <input type="checkbox"/> Paper		14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) (if foreign priority is claimed)	
c. <input type="checkbox"/> Statements verifying identity of above copies		15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:		16. <input type="checkbox"/> Other:	
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		of prior application no.: PCT/JP02/08475, filed on August 22, 2002	
Prior application information: Examiner:		Group Art Unit:	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. CORRESPONDENCE ADDRESS			
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Name: Eckhard H. Kuesters	Registration No.: 28,870
Signature: <i>Eckhard Kuesters</i>	Date: Feb 23 2004
Name: Surinder Sachar	Registration No.:

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Registration No. 34,423

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U.S. PTO

Docket No. 249207US2S CONT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Yoichi OGASAWARA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: ULTRASONIC DIAGNOSTIC APPARATUS

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	16 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	6 - 3 =	3	x \$86 =	\$258.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$770.00
TOTAL OF ABOVE CALCULATIONS				\$1,028.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
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- ☐ Please charge Deposit Account No. 15-0030 in the amount of **\$0.00**. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of **\$1,068.00** to cover the filing fee is enclosed.
- ☐ Credit card payment form is attached to cover the filing fee in the amount of **\$0.00**
- ☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.Date: Feb - 23 2004

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